| | • | | | | |
|------------|---|--------------------------|---|---------------------|----------------------------|
| Filli | n this information to identify your case | | | | |
| Deb | or 1 David Edward Stuckn | never | , | | |
| | First Name | Middle Name | Last Name | | |
| Deb | or 2 se if, filing) First Name | Middle Nove | Lost None | | |
| (Spoc | se ii, ming) First Name | Middle Name | Last Name | | |
| Unite | ed States Bankruptcy Court for the: MI | DDLE DISTRICT OF FI | LORIDA | | |
| Case | e number 8:19-bk-06105 | | | | |
| (if knc | | | | ☐ Che | ck if this is an |
| | | | · | ame | nded filing |
| | | | | | |
| ~ " | isial Farma 1060 | | | | • |
| | icial Form 106Sum | | | | |
| | | | d Certain Statistical Information | | 12/15 |
| nfor | nation. Fill out all of your schedules fir original forms, you must fill out a new —— | st; then complete the | re filing together, both are equally responsible for information on this form. If you are filing amendathe box at the top of this page. | | |
| | | | , | ge on yage own your | |
| | | | | 2 . | assets of what you own |
| | | | | Yaluc | Of Milat you own |
| 1. | Schedule A/B: Property (Official Form 1 | | | \$ | 0.00 |
| | | | ······································ | * — \$ | 52,078.21 |
| | | | | - | |
| | 1c. Copy line 63, Total of all property on | Schedule A/B | | \$ | 52,078.21 |
| Part | 2 Summarize Your Liabilities | | | | |
| | | | | | liabilities int you owe |
| 2. | Schedule D: Creditors Who Have Claims 2a. Copy the total you listed in Column A | | Official Form 106D) e bottom of the last page of Part 1 of Schedule D | \$ | 66,129.32 |
| 3. | Schedule E/F: Creditors Who Have Unse | oured Claims (Official E | Form 106E/E) | | |
| Э. | | |) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (no | npriority unsecured cla | ims) from line 6j of Schedule E/F | \$ | 172,166.88 |
| | • | | | | |
| | | | Your total liabilities | \$ | 238,296.20 |
| | | | | | |
| Part | 3. Summarize Your Income and Exp | enses | | | |
| 4. | Schedule I: Your Income (Official Form 1 | | | \$ | 4,480.83 |
| 5. | Schedule J: Your Expenses (Official Form | | | | |
| | Copy your monthly expenses from line 22 | | | \$ <u> </u> | 4,619.49 |
| Part | 4: Answer These Questions for Adm | inistrative and Statist | tical Records | | |
| 6. | Are you filing for bankruptcy under Ch No. You have nothing to report on the | | eck this box and submit this form to the court with yo | ur other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | | | |
| | U Vous debte eve minerally as a service | a dahta Camanan da | his are those linearized by an individual asia and the | | al famally as |
| | | | obts are those "incurred by an individual primarily for for statistical purposes. 28 U.S.C. § 159. | a persona | я, татпіу, ОГ |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 2 of 48

| Deptor 1 | David Edward Stuckmeyer | Case number (if known) | 8:19-bK-U | 5105 |
|----------|---|------------------------|--------------|------|
| | n the Statement of Your Current Monthly Income: Copy yo A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 1 | | fficial Form | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total cla | in |
|--|-----------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 3 of 48

| | Case 0.13 | -DK-00103-CFIVI DUC 9 FIIEU 0 | 1/10/19 Page 3 0/4 | ю |
|---------------------|-----------------------------|--|---------------------------------------|--|
| Fill in this info | rmation to identify your | case and this filing: | | |
| Debtor 1 | David Edward Stu | eckmoyor | | |
| Debier 1 | First Name | Middle Name Last Name | | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name Last Name | | |
| United States B | ankruptcy Court for the: | MIDDLE DISTRICT OF FLORIDA | | |
| Casa sumbas | 0.40 1-1.00405 | | | |
| Case number | 8:19-bk-06105 | | | ☐ Check if this is an amended filing |
| | | | | ŭ |
| Official Fo | orm 106A/B | • | | |
| | | ortic | | |
| | <u>le A/B: Prop</u> | items. List an asset only once. If an asset fits in mon | | 12/15 |
| Answer every que | estion. | a separate sheet to this form. On the top of any addition | | ase number (if known). |
| . Do you own or | have any legal or equitable | interest in any residence, building, land, or similar pro | perty? | |
| ■ No. Go to Pa | .42 | | | |
| _ | | | | |
| ☐ Yes. Where | is the property? | | | |
| Part 2: Describe | e Your Vehicles | | | |
| | | | | |
| | | itable interest in any vehicles, whether they are e, also report it on Schedule G: Executory Contract | | vehicles you own that |
| 3. Cars, vans, t | rucks, tractors, sport ut | lity vehicles, motorcycles | | |
| □ No | | | | |
| ■ Yes | | | | |
| - 165 | | | | |
| 3.1 Make: | Toyota | Who has an interest in the property? Check o | Do not deduct securer | d claims or exemptions. Put |
| Model: | 86 | <u> </u> | the amount of any sec | cured claims on Schedule D: Claims Secured by Property. |
| Year: | 2017 | Debtor 1 only Debtor 2 only | | |
| | | Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| Other info | | At least one of the debtors and another | chan's property. | · · |
| This yel | nicle is in the | | | |
| I | sion of the Debtor's | ☐ Check if this is community property | \$21,990.00 | \$21,990.00 |
| | but the Debtor is | (see instructions) | | |
| respons | sible for the monthly | | | |
| creditor | payments. | | | |
| | | | | |
| 3.2 Make: | Hyundai | Who has an interest in the property? Check o | | d claims or exemptions. Put cured claims on Schedule D: |
| Model: | Kona | Debtor 1 only | | Claims Secured by Property. |
| Year: | 2019 | Debtor 2 only | Current value of the | Current value of the |
| Approxima | ate mileage: 2, | 900 Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Other info | rmation: | ☐ At least one of the debtors and another | | |
| | | | ÈOC AOF OI |) 60040500 |
| | | Check if this is community property | \$26,185.00 | 26,185.00 |

| Debtor 1 | David Edwar | d Stuckmeyer Case number (if known) | 8:19-bk-06105 |
|---------------|---|---|--|
| | | or homes, ATVs and other recreational vehicles, other vehicles, and accessories motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | |
| ■ No | | | |
| ☐ Yes | | | |
| | • | | |
| | | the portion you own for all of your entries from Part 2, including any entries for ed for Part 2. Write that number here=> | \$48,175.00 |
| Part 3: Do | secriba Vour Pareo | nal and Household Items | , |
| | | egal or equitable interest in any of the following items? | Current value of the |
| | Ť | | portion you own? Do not deduct secured claims or exemptions. |
| | nold goods and fu les: Maior appliant | urnishings ces, furniture, linens, china, kitchenware | |
| □ No | .oo. major appnam | sas, tankara, mone, anna, tko/onna/o | |
| Yes. | Describe | | |
| | - | Furniture, linens, kitchenware | \$2,000.00 |
| | | Turniture, mens, Atomerwale | 42,000.00 |
| - | les: Televisions ar | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music o phones, cameras, media players, games | ollections; electronic devices |
| □ No | D | | |
| ■ Yes. | Describe | | • |
| | | Television, Computer, and Xbox | \$500.00 |
| Examp ■ No | | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin ons, memorabilia, collectibles | , or baseball card collections; |
| Examp | nent for sports an les: Sports, photog musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| □ No ■ Yes | Describe | | |
| — 163. | Describe | | |
| | | Trek bicycle and Kayak | \$300.00 |
| □ No | | , shotguns, ammunition, and related equipment | |
| | | Glock Pistol | \$200.00 |
| □ No | | othes, furs, leather coats, designer wear, shoes, accessories Basic Clothing | \$100.00 |
| | | paoro oronning | ψ 100.00 |

| De | ebtor 1 | David Edwa | rd Stuck | meyer | Case number (if know | ッ <u>8:19-bk-06105</u> |
|-----|---------------------|--|--------------------------|--|---|---|
| 12. | Jeweln Examp | | welry, cos | stume jewelry, engagem | ent rings, wedding rings, heirloom jewelry, watches, gems | , gold, silver |
| | ■ No | Ph. 11 | | | | |
| | ⊔ Yes. | Describe | | | | |
| 13. | | rm animals bles: Dogs, cats, | birds, hor | ses | | |
| | Yes. | Describe | | | | |
| | | | Dan | | | \$0.00 |
| _ | | | Dog | | | \$0.00 |
| 14. | ■ No | - | | - | already list, including any health aids you did not list | |
| | ⊔ res. | Give specific inf | ormation. | **** | | |
| 15 | 5. Add to for Pa | the dollar value art 3. Write that | of all of y number i | rour entries from Part : | 3, including any entries for pages you have attached | \$3,100.00 |
| D. | rett Do | scribe Your Finan | aiol Accet | • | • | |
| | | | | s quitable interest in any | of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | | | our wallet, in your home, | in a safe deposit box, and on hand when you file your pe | tition |
| | | | | | Cash | \$20.00 |
| _ | | | | ************************************** | | <u>- </u> |
| 17. | Examp | its of money oles: Checking, s institutions. | avings, or If you hav | r other financial account ve multiple accounts with | s; certificates of deposit; shares in credit unions, brokerag h the same institution, list each. | e houses, and other similar |
| | □ No ■ Yes | | | | Institution name: | |
| | | | 17.1. | Savings | Navy Federal Credit Union | \$5.00 |
| | | | 17.2. | Checking (7655) | Navy Federal Credit Union | \$0.00 |
| | , | | 17.3. | Checking (5630) | Wells Fargo Bank | \$577.21 |
| | | | 17.4. | Checking (4351) | SunTrust Bank | \$100.00 |
| | | | 17.5. | Savings | Grow Financial Credit Union | \$1.00 |
| 40 | | | | | | |
| 10 | | | | ly traded stocks ent accounts with broker | rage firms, money market accounts | |

| De | ebtor 1 | David Edward Stu | ıckmeyer | | _ c | ase number (if | known) [| 8:19-bk-06105 |
|-----|----------------------------|---|---|--|-----------------|------------------|-------------|---|
| | Non-pu joint vo □ No | | nd interests in incorpora | ted and unincorporated l | businesses | , including an | interest i | n an LLC, partnership, and |
| | ■ Yes. | | on about themlame of entity: | | | % of ownership |) : | |
| | | b s | | d health products and ss is in a pending Cha | | 100% | _ % | \$100.00 |
| 20. | Negotia | able instruments include | e personal checks, cashie | ble and non-negotiable in rs' checks, promissory not fer to someone by signing | tes, and mor | | | |
| | ■ No □ Yes. | Give specific informatio | on about them ssuer name: | | | | | |
| 21. | | nent or pension accou lies: Interests in IRA, ER | | (b), thrift savings accounts | s, or other pe | nsion or profit- | sharing pla | ans |
| | | List each account sepal Typ | rately. ne of account: | Institution name: | | | | |
| 22. | Yoursl | | sits you have made so the | at you may continue servic olic utilities (electric, gas, w | | | companie | es, or others |
| | | | | Institution name or ind | lividual: | | | |
| 23. | Annuiti ■ No | ies (A contract for a per | riodic payment of money t | o you, either for life or for a | a number of | years) | | |
| | Yes | lssuer na | ame and description. | | | | | |
| 24. | | s in an education IRA C. §§ 530(b)(1), 529A(b | | ified ABLE program, or ι | under a qua | lified state tui | tion prog | ram. |
| | □ Yes | Institution | n name and description. S | Separately file the records | of any intere | sts.11 U.S.C. § | 521(c): | |
| 25. | Trusts, ■ No | equitable or future in | iterests in property (other | er than anything listed in | line 1), and | rights or pow | ers exerc | cisable for your benefit |
| | ☐ Yes. | Give specific information | on about them | | | | | |
| 26. | | | | other intellectual propert from royalties and licensin | | ts | | |
| | | Give specific information | on about them | | | | | |
| 27. | Examp | | her general intangibles exclusive licenses, cooper | ative association holdings, | , liquor licens | es, profession | al licenses | |
| | ■ No □ Yes. | Give specific information | on about them | | | | | |
| M | oney or | property owed to you | ? | ÷ | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | _ | funds owed to you | | | | | | |
| | ■ No □ Yes. | Give specific informatio | on about them, including w | hether you already filed th | ne returns an | d the tax years | i | |

| D | ebtor 1 | David Edward Stuckmeyer | Case number (if known) | 8:19-bk-06105 |
|-----|--------------------------|--|--|----------------------------|
| 29. | Exam | r support ples: Past due or lump sum alimony, spousal support, child support, ma | intenance, divorce settlement, property | settlement |
| | ■ No □ Yes. | Give specific information | | |
| 30. | | amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits, s benefits; unpaid loans you made to someone else . | ick pay, vacation pay, workers' comper | nsation, Social Security |
| | _ | Give specific information | | |
| 31. | Interes Examp □ No | sts in insurance policies ples: Health, disability, or life insurance; health savings account (HSA); | credit, homeowner's, or renter's insurar | nce |
| | ■ Yes. | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | | Term Life Policy (Face value = \$100,000.00) | Cecilia Stuckmeyer | \$0.00 |
| 32. | If you somed | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died. Give specific information | ce policy, or are currently entitled to rece | eive property because |
| 33. | Claims Exami ■ No | s against third parties, whether or not you have filed a lawsuit or mples: Accidents, employment disputes, insurance claims, or rights to sue | | |
| 34. | ■ No | contingent and unliquidated claims of every nature, including cour | nterclaims of the debtor and rights to | set off claims |
| 35. | | nancial assets you did not already list | | |
| | ■ No □ Yes. | Give specific information | | |
| 36 | | the dollar value of all of your entries from Part 4, including any ent art 4. Write that number here | | \$803.21 |
| Pa | irt 5: De | escribe Any Business-Related Property You Own or Have an Interest In. List | any real estate in Part 1. | |
| | ■ No. G | own or have any legal or equitable interest in any business-related property o to Part 6. | 13 | |
| | ∐ Yeş. (| Go to line 38. | | |
| Pá | | escribe Any Farm- and Commercial Fishing-Related Property You Own or Ha you own or have an interest in farmland, list it in Part 1. | ave an Interest In. | |
| 46 | ■ No. | u own or have any legal or equitable interest in any farm- or comm . Go to Part 7. s. Go to line 47. | ercial fishing-related property? | |
| Pa | art 7: | Describe All Property You Own or Have an Interest in That You Did Not L | ist Above | |

Schedule A/B: Property

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 8 of 48

| Det | David Edward Stuckmeyer | · | Case number (if known) | 8:19-bk-06105 | |
|------|---|---------------|--------------------------|---------------|----------|
| _ | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | | | | |
| _ | No | | | | |
| L | Yes. Give specific information | | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that | t number here | | | \$0.00 |
| Part | 8: List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$48,175.00 | • | , | |
| 57. | Part 3: Total personal and household items, line 15 | \$3,100.00 | | | |
| 58. | Part 4: Total financial assets, line 36 | \$803.21 | | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | | |
| 62. | Total personal property. Add lines 56 through 61 | \$52,078.21 | Copy personal property t | otal\$5 | 2,078.21 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$52,0 | 78.21 |

| ation to identify your | case: | | | |
|------------------------|--|---|---|---|
| David Edward Stu | uckmeyer | | | |
| First Name | Middle Name | Last Name | | |
| | | , | • | |
| First Name | Middle Name | Last Name | | |
| kruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | |
| :19-bk-06105 | | | | |
| | | | | ☐ Check if this is an amended filing |
| | David Edward Stu First Name First Name kruptcy Court for the: | First Name Middle Name kruptcy Court for the: MIDDLE DISTRICT OF | David Edward Stuckmeyer First Name Middle Name Last Name First Name Middle Name Last Name kruptcy Court for the: MIDDLE DISTRICT OF FLORIDA | David Edward Stuckmeyer First Name Middle Name Last Name First Name Middle Name Last Name kruptcy Court for the: MIDDLE DISTRICT OF FLORIDA |

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | ur spouse is filing with you. | |
|----|--|--------------------------------------|----------|---|------------------------------------|
| | ■ You are claiming state and federal nonba | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/E | B that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Furniture, linens, kitchenware Line from Schedule A/B: 6.1 | \$2,000.00 | ≡ | \$2,000.00 | Fla. Stat. Ann. § 222.25(4) |
| | Line nom Schedule Add. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Television, Computer, and Xbox Line from Schedule A/B: 7.1 | \$500.00 | | \$500.00 | Fla. Const. art. X, § 4(a)(2) |
| | Line Holli Schedule Arb. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Trek bicycle and Kayak Line from Schedule A/B: 9.1 | \$300.00 | — | \$200.00 | Fla. Const. art. X, § 4(a)(2) |
| | Line IIIIII Schedule Arb. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Trek bicycle and Kayak | \$300.00 | | \$100.00 | Fla. Stat. Ann. § 222.25(4) |
| | Line Holl Schedule Arb. 5.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Glock Pistol Line from Schedule A/B: 10.1 | \$200.00 | | \$200.00 | Fla. Const. art. X, § 4(a)(2) |
| | Line nom Schedule Arb. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Official Form 106C

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 10 of 48

| □ 1 David Edward Stuckmeyer | | | Case number (if known) | 8:19-bk-06105 |
|---|--------------------------------------|---------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Basic Clothing Line from Schedule A/B: 11.1 | \$100.00 | | \$100.00 | Fla. Const. art. X, § 4(a)(2) |
| and nom dericable 700. | | | 100% of fair market value, up to any applicable statutory limit | |
| log ine from Schedule A/B: 13.1 | \$0.00 | | \$0.00 | Fla. Const. art. X, § 4(a)(2) |
| The Holling Sandada Page 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| ash ine from <i>Schedule A/B</i> : 16.1 | \$20.00 | | \$20.00 | Fla. Stat. Ann. § 222.25(4) |
| no nom osmousio /v.b. 1611 | | | 100% of fair market value, up to any applicable statutory limit | |
| avings: Navy Federal Credit Union | \$5.00 | | \$0.00 | Fla. Const. art. X, § 4(a)(2 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| hecking (7655): Navy Federal Credit | \$0.00 | - | \$0.00 | Fla. Stat. Ann. § 222.25(4) |
| ine from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| hecking (5630): Wells Fargo Bank | \$577.21 | | \$577.21 | Fla. Stat. Ann. § 222.25(4) |
| ine nam eshedate / Esh / Te | | | 100% of fair market value, up to any applicable statutory limit | |
| hecking (4351): SunTrust Bank | \$100.00 | | \$100.00 | Fla. Stat. Ann. § 222.25(4) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| avings: Grow Financial Credit | \$1.00 | | \$1.00 | Fla. Stat. Ann. § 222.25(4) |
| ine from Schedule A/B: 17.5 | | | 100% of fair market value, up to any applicable statutory limit | |
| luvidorra, Inc. (This is an internet ales business of beauty and health | \$100.00 | | \$100.00 | Fla. Stat. Ann. § 222.25(4) |
| products and supplies. This pusiness is in a pending Chapter 11 pankruptcy filed in this District.) 00% ine from Schedule A/B: 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Ferm Life Policy (Face value = \$100,000.00) | \$0.00 | | \$0.00 | Fla. Stat. Ann. § 222.13 |
| Beneficiary: Cecilia Stuckmeyer ine from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every in No Yes. Did you acquire the property covered to No | 3 years after that for ca | ases fi | • | |

Official Form 106C

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 11 of 48

Debtor 1 David Edward Stuckmeyer

Case number (if known) 8:19-bk-06105

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 12 of 48

| Fill in this informa | tion to identify you | ır case: | | | | | |
|------------------------|--|---|------------------------------------|---|-------------------|--|--|
| Debtor 1 | David Edward S | tuckmever | | | | | |
| | First Name | Middle Name Last Name | | • | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | | | | | |
| United States Bank | ruptcy Court for the: | MIDDLE DISTRICT OF FLORIDA | | - | | | |
| Case number 8:1 | 19-bk-06105 | • | | | | | |
| (if known) | 10 BR 00 100 | | | ☐ Check | if this is an | | |
| | | · | | amene | ded filing | | |
| | | | | | - | | |
| Official Form | 106D | | | | | | |
| Schedule D | · Creditors | Who Have Claims Secure | d by Propert | · | 12/15 | | |
| ochedule b | - Oleditors | Will Have Claims decure | a by i toper | · y | 12/13 | | |
| | | If two married people are filing together, both are out, number the entries, and attach it to this form. | | | | | |
| 1. Do any creditors ha | ive claims secured by | vour property? | | | | | |
| _ ` | • | his form to the court with your other schedules. | You have nothing else | to report on this form | | | |
| _ | | • | Tournave nothing class | to report on this form. | | | |
| ■ Yes. Fill in a | Il of the information | below. | | | | | |
| Part 1: List All S | Secured Claims | | | | | | |
| | | more than one secured claim, list the creditor separate | | Column B | Column C | | |
| | | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion | | |
| | are oranio in arphabet | cal order according to the ordered o marie. | value of collateral. | claim | If any | | |
| 2.1 Grow Finan | cial Federal | Describe the property that secures the claim: | \$35,431.49 | \$21,990.00 | \$13,441.49 | | |
| Creditor's Name | | 2017 Toyota 86 24,000 miles | | | | | |
| | | This vehicle is in the possession of | | | | | |
| | | the Debtor's spouse, but the Debtor | | | | | |
| | | is responsible for the monthly | | • | | | |
| Credit Unio | n | creditor payments. | | | | | |
| 9927 Delane | ey Lake Drive | As of the date you file, the claim is: Check all that apply. | | | | | |
| Tampa, FL | 33619 | ☐ Contingent | | | | | |
| Number, Street, Ci | ity, State & Zip Code | Unliquidated | | | | | |
| | *,, | ☐ Disputed | | | · | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | | |
| Debtor 1 only | ■ Debtor 1 only □ An agreement you made (such as mortgage or secured | | | | | | |
| Debtor 2 only | | car loan) | | | e . | | |
| Debtor 1 and Debt | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| _ | ☐ Statutory lief (such as tax lieft, mechanics lieft) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit | | | | | | |
| | | | | | | | |
| community debt | | Other (including a right to offset) Auto Loa | | | | | |
| Date debt was incur | red | Last 4 digits of account number 008(|) | | | | |

| Debtor.1 David Edward Stuckme | Case number (if known) | 8:19-bk-06105 | | |
|---|--|---------------|-------------|------------|
| First Name Middle N | ame Last Name | r | | |
| 2.2 PNC Financial Services | Describe the property that secures the claim: | \$30,697.83 | \$26,185.00 | \$4,512.83 |
| Creditor's Name | 2019 Hyundai Kona 2,900 miles | | | |
| 2730 Liberty Avenue Pittsburgh, PA 15222 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | • | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as mortgage or secar loan) | cured | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Auto Loar | 1 | | |
| Date debt was incurred | Last 4 digits of account number 4365 | | • | |
| | | | | |
| Add the dollar value of your entries in C | Column A on this page. Write that number here: | \$66,129 | 9.32 | |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | \$66,129 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 14 of 48

| | 043C 0.13 BK 0K | STOS OF IVE | 00 3 1 1100 01710713 1 | ugc 1+ 01 +0 | | |
|--|--|---|---|---|--|--|
| Fill in | this information to identify your case: | | | | | |
| Debto | r 1 David Edward Stuckme | ver | | | | |
| | | Middle Name | Last Name | _ | | |
| Debto | | M: / N | | _ | ÷ | |
| (Spouse | if, filing) First Name | Middle Name | Last Name | | | |
| United | States Bankruptcy Court for the: MIDE | LE DISTRICT OF FLO | ORIDA | | | |
| Case | number 8:19-bk-06105 | | | | | |
| (if know | n) | | | □ Ct | neck if this is an | |
| | | | | an | nended filing | |
| Offic | ial Form 106E/F | | | | | |
| | edule E/F: Creditors Who F | lava Unsacura | d Claime | | 12/15 | |
| | omplete and accurate as possible. Use Part 1 | | | ith NONDDIODITY claim | | |
| Schedu Schedu left. Atta name a | ecutory contracts or unexpired leases that co- ile G: Executory Contracts and Unexpired Lea- ile D: Creditors Who Have Claims Secured by ach the Continuation Page to this page. If you nd case number (if known). | ases (Official Form 106G Property. If more space I have no information to | b). Do not include any creditors with pa is needed, copy the Part you need, fill | rtially secured claims t it out, number the entr | that are listed in ries in the boxes on the | |
| Part 1 | | | | | | |
| | o any creditors have priority unsecured claims | s against you? | | | | |
| _ | No. Go to Part 2. | , | | | | |
| | Yes. | | | | | |
| | List All of Your NONPRIORITY Unse | | | | · · · · · · · · · · · · · · · · · · · | |
| _ | o any creditors have nonpriority unsecured cl | • . | | | - | |
| | No. You have nothing to report in this part. Sub | mit this form to the court v | vith your other schedules. | | | |
| H | Yes. | | | | | |
| un tha | st all of your nonpriority unsecured claims in secured claim, list the creditor separately for each an one creditor holds a particular claim, list the of Int 2. | h claim. For each claim li | sted, identify what type of claim it is. Do no | ot list claims already incl | uded in Part 1. If more | |
| | | | • | | Total claim | |
| 4.1 | Amazon Capital Services, Inc | Last 4 digits of | account number | | Unknown | |
| | Nonpriority Creditor's Name | When was the o | | - | | |
| | 410 Terry Avenue North Seattle, WA 98109 | when was the c | lebt incurred r | | | |
| | Number Street City State Zip Code | As of the date y | ou file, the claim is: Check all that apply | , | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | |
| | At least one of the debtors and another Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community ☐ Student loans | | | | | |
| | debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | | sion or profit-sharing plans, and other sim | ilar debts | | |
| | Yes | Other, Specif | fy Business Debt | | | |
| | | • | | | | |

| Debtor | 1 David Edward Stuckmeyer | Case number (if known) 8:19-bk-0610 | 05 |
|--------|---|---|--------------|
| 4.2 | Amazon Payments, Inc. Nonpriority Creditor's Name | Last 4 digits of account number | Unknown |
| | P.O. Box 80683 Seattle, WA 98108-0683 | When was the debt incurred? | |
| • | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | • |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | _ | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify Business Debt | |
| | | | |
| 4.3 | Anda, Inc. Nonpriority Creditor's Name | Last 4 digits of account number 8744 | \$127,791.15 |
| _ | 2915 Weston Road Fort Lauderdale, FL 33310 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | • |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Business Vendor | |
| 4.4 | Barclays- AAdvantage | Last 4 digits of account number 0162 | \$7,011.85 |
| | Nonpriority Creditor's Name P.O. Box 13337 | When was the debt incurred? | |
| • | Philadelphia, PA 19101-3337 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | D | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other Specify Credit Card | |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 16 of 48

| Debto | 1 David Edward Stuckmeyer | | Case number (if known) | 8:19-bk-0610 | 05 |
|-------|---|--|----------------------------------|----------------|-------------|
| 4.5 | Barclays- Upromise Nonpriority Creditor's Name | Last 4 digits of account number | 4785 | _ | \$10,775.05 |
| | P.O. Box 13337 | When was the debt incurred? | | | |
| | Philadelphia, PA 19101-3337 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce th | at you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debt | s | |
| | Yes | Other Specify Credit Care | i | | |
| 4.6 | Capital One Quicksilver | Last 4 digits of account number | _0408 | | Unknown |
| | Nonpriority Creditor's Name P.O. Box 71083 | When was the debt incurred? | | | |
| | Charlotte, NC 28272-1083 | Titles was the dest mounted: | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa | aration agreement or divorce th | at you did not | |
| | No | report as priority claims Debts to pension or profit-shari | as plane, and other similar debt | | |
| | ••• | • | | | • |
| | ☐ Yes | Other. Specify Credit Care | 1 | | |
| 4.7 | Capital One Spark Business Nonpriority Creditor's Name | Last 4 digits of account number | 6728 | - | Unknown |
| | P.O. Box 60599 | When was the debt incurred? | | | |
| | City of Industry, CA 91716-0599 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | - | • • • | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a sep | aration agreement or divorce th | at you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar deb | :s | |
| | Yes | Other. Specify Credit Care | d for Business | | |

| Debtor | 1 David Edward Stuckmeyer | Case number (if known) 8:19-bk-06105 | | | | |
|----------|--|--|-------------|--|--|--|
| 4.8 | Capital One Visa Platinum Nonpriority Creditor's Name | Last 4 digits of account number 5786 | \$10,197.62 | | | |
| | P.O. Box 60599 | When was the debt incurred? | | | | |
| | City of Industry, CA 91716-0599 | CARLES CA | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | • | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ■ No □ Yes | Other. Specify Credit Card | | | | |
| | | — Other, Specify | | | | |
| 4.9 | Comenity - BJ's | Last 4 digits of account number 0011 | \$3,230.70 | | | |
| | Nonpriority Creditor's Name Bankruptcy Department P.O. Box 183043 | When was the debt incurred? | | | | |
| | Columbus, OH 43218-3043 | - As a fifth a distance of the object to the object of the | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | _ | _ | | | | |
| | Debtor 1 only | Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | □ Debtor 1 and Debtor 2 only | ☐ Disputed | • | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify Credit Card | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| 4.1 0 | Discover | Last 4 digits of account number 6105 | Unknown | | | |
| | Nonpriority Creditor's Name Attn. Bankruptcy Department 2304 W. Corproate Drive #A | When was the debt incurred? | | | | |
| | Chicago, IL 60601 | _ | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | <u> </u> | ` | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| | At least one of the debtors and another | Student loans | | | | |
| | ☐ Check if this claim is for a community debt | | | | | |
| | is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify Credit Card | | | | |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 18 of 48

| Debtor | David Edward Stuckmeyer | Case number (if known) 8:19-bk-061 | 05 |
|----------|---|--|------------|
| 4.1 | Kabbage Business Loan | Last 4 digits of account number 7044 | Unknown |
| | Nonpriority Creditor's Name P.O. Box 77081 | When was the debt incurred? | |
| | Atlanta, GA 30357 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | ■ At least one of the debtors and another ☐ Check if this claim is for a community | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| - | ■ No □ Yes | Other. Specify Business Loan | |
| 4.1 | | | |
| 4.1 2 | Kabbage Business Loan Nonpriority Creditor's Name | Last 4 digits of account number 8635 | Unknown |
| | P.O. Box 77081 Atlanta, GA 30357 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify Business Loan | |
| 4.1 | PayPal Credit | Last 4 digits of account number 4489 | \$2,917.50 |
| 3 | Nonpriority Creditor's Name | Last 4 digits of account number 4489 | φ2,317.30 |
| | P.O. Box 105658 | When was the debt incurred? | |
| | Atlanta, GA 30348 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | | |
| | □ res | Other. Specify Credit Card | |

| Debtor | 1 David Edward Stuckmeyer | Case number (if known) 8:19-bk-06105 | |
|----------|--|---|------------|
| 4.1 4 | Synchrony Bank- Lowes Nonpriority Creditor's Name | Last 4 digits of account number | \$4,372.10 |
| | P.O. Box 530914 Atlanta, GA 30353 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | |
| 4.1 5 | Synchrony Bank-RoomsToGo | Last 4 digits of account number 2661 | \$5,261.44 |
| - | Nonpriority Creditor's Name P.O. Box 960061 Orlando, FL 32896-0061 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | |
| 4.1 6 | Walmart | Last 4 digits of account number 7880 | \$609,47 |
| | Nonpriority Creditor's Name Synchrony Bank Attn. Bankruptcy Dept. P.O. Box 965064 | When was the debt incurred? | |
| | Orlando, FL 32896-5064 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check If this claim is for a community | ☐ Student loans | |
| | debt is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Credit Card | |
| | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 20 of 48

Debtor 1 David Edward Stuckmeyer

Case number (if known)

8:19-bk-06105

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|---|-----|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6¢. | Claims for death or personal injury while you were intoxicated | 6c. | s — | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | s | 0.00 |
| Total | 6f. | Student loans | 6f. | \$ | Total Claim 0.00 |
| claims from Part 2 | 6- | Obligations spining set of a consequence assument as discuss that | | | |
| nom Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 172,166.88 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 172,166.88 |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 21 of 48

| rar i- | 45:- :-6-: | | 4:f | | | | | |
|-------------|-------------|------------------|--|---------------------|-----------------------------|--------------------|---|----|
| FIII IN | tais intoi | rmation to ident | thy your case: | | | | | |
| Debto | рг 1 | | ward Stuckmeyer | | | | | |
| Debto | ur 2 | First Name | Middik | e Name | Last Name | | | |
| | if, filing) | First Name | Middle | Name | Last Name | _ | | |
| United | d States B | ankruptcy Court | for the: MIDDLE I | DISTRICT OF FLO | ORIDA | | | |
| Case | number | 8:19-bk-0610 | 15 | | | | | |
| (if know | | | | . | | | Check if this is an amended filing | |
| O (C. | = | 1000 | | | | | | |
| | | orm 106G | _ | racte and | Unexpired Lea | 1888 | 12/1 | 15 |
| | | | | | | | | |
| inform | ation. If r | nore space is n | eeded, copy the add ame and case numb | ditional page, fill | it out, number the entries | , and attach it to | sible for supplying correct to this page. On the top of any | |
| 1. D | o vou hav | ve any executor | ry contracts or unex | nired leases? | | | | |
| | | - | - | • | er schedules. You have no | othing else to ren | ort on this form. | |
| | | | | | ases are listed on Schedule | | | |
| | | | | | | | | |
| e | xample, r | | | | | | ch contract or lease is for (for examples of executory contrac | |
| | _ | | | | | | _ | |
| | Person or | | whom you have the , Street, City, State and ZIP | | e State what the co | ntract or lease i | s for | |
| 2.1 | Name | | | | | | | |
| | Name | | | | | | | |
| | Number | Street | | | | | | |
| | | | | | | | | |
| 2.2 | City | | State | ZIP Code | | | <u>, ,</u> | |
| ۷.۷ | Name | | | V-104 | | | | |
| | | | | | | | | |
| | Number | Street | | | | | | |
| | City | | State | ZIP Code | | | | |
| 2.3 | City | | State | ZIF Code | | | | |
| | Name | | | | | | | |
| | | | | | | | | |
| | Number | Street | | | • | | | |
| | City | | State | ZIP Code | | | | |
| 2.4 | | | | | · . | | | |
| | Name | | | | | | | |
| | Nivenhau | Circoi | | | | | | |
| | Number | Street | | | | | | |
| | City | | State | ZIP Code | | | | |
| 2.5 | Name | | | | | | | |
| | Name | | | | | | | |
| | Number | Street | | | | | | |
| | City | | State | ZIP Code | | | | |
| | City | | State | ZIP COUR | | | | |

Official Form 106G

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 22 of 48

| Fill in th | his information | to identify your | case: | | |
|-------------------------|---|--------------------------|-------------------------------|--|--|
| Debtor 1 | 1 Day | rid Edward Stu | ıckmever | | |
| | | Name | Middle Name | Last Name | _ |
| Debtor 2 (Spouse if, | | Name | Middle Name | Last Name | _ |
| | States Bankrupto | y Court for the: | MIDDLE DISTRICT OF | | |
| 0 | | | • | | |
| Case nu (if known) | umber <u>8:19-b</u> | k-06105 | | | ☐ Check if this is an amended filing |
| Offici | ial Form 1 | 06H | | 987077 | |
| | | our Code | ehtors | | 12/15 |
| JUIL | dule II. | oui cou | CDIOIS | | 12/15 |
| eople a | are filing together, and number th | er, both are equa | ally responsible for supp | the Additional Page to this page. On | accurate as possible. If two married ce is needed, copy the Additional Page, the top of any Additional Pages, write |
| 1. 🗅 | o you have any | codebtors? (If y | ou are filing a joint case, o | do not list either spouse as a codebtor. | |
| | No | | | | |
| ■ Y | ⁄es | | | | |
| | | | | operty state or territory? (Community perto Rico, Texas, Washington, and Wisco | |
| ■ . | No. Go to line 3. | | | | |
| - | | use, former spou | se, or legal equivalent live | with you at the time? | |
| | , , p | | , | ,, , o a a a a a a a a a a a a a a a a a | |
| in li For | ine 2 again as a | codebtor only if | that person is a guarant | tor or cosigner. Make sure you have li | is filing with you. List the person shown sted the creditor on Schedule D (Officia ule D, Schedule E/F, or Schedule G to fil |
| | Column 1: Yo | ır codebtor | | Column 2: T | he creditor to whom you owe the debt |
| | | eet, City, State and Zli | P Code | | chedules that apply: |
| 3.1 | Nuvidorra, I | nc | | ☐ Schedul | le D. line |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | le E/F, line 4.11 |
| | | | | □ Schedul | · |
| | | | | | Business Loan |
| - | | | | | |
| 3.2 | Nuvidorra, l | nc. | | ☐ Schedul | le D, line |
| | | | | | le E/F, line 4.3 |
| | | | | ☐ Schedul | |
| | | | | Anda, Inc. | |
| | | | | | |
| 3.3 | Nuvidorra, l | nc. | | | le D, line |
| | | | | | le E/F, line4.7 |
| | | | | ☐ Schedul | |
| | | | | Capital Or | ie Spark Business |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 23 of 48

| Debtor 1 | David Edward Stuckmeyer | Case number (#known) 8:19-bk-06105 | | |
|----------|--|---|--|--|
| | Additional Page to List More Codebtors | | | |
| | Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | | |
| 3.4 | Nuvidorra, Inc. | ☐ Schedule D, line | | |
| | | ■ Schedule E/F, line <u>4.12</u> | | |
| | | ☐ Schedule G | | |
| | | Kabbage Business Loan | | |
| 3.5 | Nuvidorra, Inc. | ☐ Schedule D, line | | |
| | The transfer of the transfer o | ■ Schedule E/F, line 4.1 | | |
| | | □ Schedule G | | |
| | | Amazon Capital Services, Inc | | |
| 3.6 | Nuvidorra, Inc. | ☐ Schedule D, line | | |
| | | ■ Schedule E/F, line 4.2 | | |
| | | □ Schedule G | | |
| | | Amazon Payments, Inc. | | |
| | | | | |

| Eas | in this information to ide | antifuar aa | | | | _ | | | | |
|--------------|---|---|--|---------------------------------------|------------------------------|------------------|--|---------------------------|------------------------------|-----------------|
| | in this information to ide | | | | | | | | | |
| Det | otor 1 Da | avid Edwar | d Stuckmeyer | , | | - | | | | |
| | otor 2 use, if filing) | | | | | - | | | | |
| Uni | ted States Bankruptcy (| Court for the: | MIDDLE DISTRICT O | F FLORIDA | | _ | | | | |
| Cas | se number 8:19-b | k-06105 | | | | | Check if this is: | | | |
| (If kn | iown) | | | - | | | ☐ An amende | d filing | | |
| | | | | | | | ☐ A suppleme 13 income | | postpetition lowing date: | chapter |
| <u>O</u> 1 | fficial Form 10 | <u> </u> | | | | | MM / DD/ Y | YYY | | |
| S | chedule I: Yo | our Inco | ome | | | | | | | 12/15 |
| sup; spot | plying correct informa use. If you are separat ch a separate sheet to | ition. If you a ted and your this form. C | ible. If two married peo are married and not filin spouse is not filing wi On the top of any addition | ng jointly, and y th you, do not i | our spouse i nclude infor | s livi: natio | ng with you, inclu n about your spo | ide inform use. If moi | ation about re space is r | your needed, |
| 1. | Fill in your employm information. | ent | | Debtor 1 | | | Debtor 2 | or non-fili | ng spouse | |
| | If you have more than one job, attach a separate page with information about additional | | - | ■ Employed | | | ☐ Employed | | | |
| | | , | Employment status | ☐ Not employed | | | ☐ Not e | mployed | | |
| | employers. Include part-time, seasonal, or | | Occupation | Business O Sales | wner/ Interi | net | | | | |
| | self-employed work. | | Employer's name | Nuvidorra, I | nc. | | | | | |
| | Occupation may include student or homemaker, if it applies. | | Employer's address | 126 Corpora Unit F Venice, FL 3 | _ | | | | | |
| | | | | | | | | | | <u> </u> |
| | | | How long employed the | here? <u>3.5</u> | years | | | | | |
| Par | t 2: Give Details | About Mon | thly Income | | | | | | | |
| | mate monthly income use unless you are sepa | | ite you file this form. If | you have nothing | to report for | any li | ne, write \$0 in the | space. Incl | ude your nor | n-filing |
| | u or your non-filing spo e space, attach a separ | | re than one employer, co | ombine the inform | nation for all e | mplo | yers for that perso | n on the lin | es below. If y | ou need |
| | | • | | | | i i | For Debtor 1 | For Deb | tor 2 or ig spouse | |
| 2. | | | y, and commissions (b alculate what the monthl | | 2. | \$_ | 5,000.00 | \$ | N/A | |
| 3. | Estimate and list mo | onthly overti | me pay. | | 3. | +\$_ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Inco | ome. Add lin | e 2 + line 3. | • | 4. | \$ | 5,000.00 | \$ | N/A_ | |
| | | | | | | | | | | |

| Debt | or 1 | David Edward Stuckmeyer | _ | (| Case | number (if kr | iown) | 8:19- | <u>ok-061</u> | 05 | |
|------|--|--|---|----------------------|------------|-------------------|--|--|--------------------|--|-----------------------|
| | Cor | by line 4 here | 4. | | For | Debtor 1 5,000 |).00 | | Debtor filing s | | |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: | 5a 5b 5c 5d 5e 5f, 5g |). ;, i, ;, | \$ | (((| 2.17 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | N// N// N// N// N// N// | A A A A A |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | | \$_ | 832 | 2.17 | \$ | | N/A | <u>A</u> |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 4,167 | 7.83 | \$ | | N// | <u>A</u> |
| 8. | List 8a. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | , |
| | 8b. | monthly net income. Interest and dividends | 8a 8b | | \$_ s | | 0.00 | \$ | | N// N// | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$_ \$ | | 0.00 | \$ \$ | | N// | _ |
| | 8d. | Unemployment compensation | 8d | i. | \$_ | | 0.00 | \$ | | N/A | |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$_ \$_ | | 0.00 | \$ \$ | | N// N// | _ |
| | 8g. | Pension or retirement income | 8g | | \$ | | 0.00 | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: Shareholder Distributions | _ 8h | 1.+ | \$_ | 313 | 3.00 | + \$ | | N/ | <u>A</u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | [| \$ | 313 | 3.00 | \$ | | N | I/A |
| 10. | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | 10. | \$_ | | 4,480.83 | + \$ | | N/A | = \$ | 4,480.83 |
| 11. | othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify: | depe | | | • | | · | chedule 11. | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | 12. | \$ | 4,480.83 bined |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | 1? | | | | | | | | thly income |
| | | Yes. Explain: The Debtor's income depends on court approval | in th | he | pen | ding Cha | pter | 11 of t | he Del | otor's | company, |

Official Form 106I

| Fill | in this information to identify your case: | | | |
|-------|--|----------------|-----------------------------------|--|
| | , | C.h | and if this in. | |
| Der | David Edward Stuckmeyer | . | eck if this is: An amended filing | |
| Det | otor 2 | | A supplement show | ving postpetition chapter |
| (Sp | ouse, if filing) | | 13 expenses as of | the following date: |
| Unit | ted States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA | - | MM / DD / YYYY | |
| Cas | se number 8:19-bk-06105 | | | |
| (If k | (nown) | | | |
| O | fficial Form 106J | | | |
| | chedule J: Your Expenses | | | 12/15 |
| | as complete and accurate as possible. If two married people are filing togethe | er hoth are ec | uually responsible fo | |
| info | ormation. If more space is needed, attach another sheet to this form. On the to mber (if known). Answer every question. | p of any addi | tional pages, write y | our name and case |
| Par | | | | |
| 1. | Is this a joint case? | | | |
| | No. Go to line 2. | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for Separate Ho</i> | ousehold of De | ebtor 2. | |
| 2. | Do you have dependents? ■ No | | | |
| | Do not list Debtor 1 and Yes. Fill out this information for Debtor 2. Pelotor 2. Debtor 1 or Debtor 2. | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | □ No |
| | dependents names. | | | Yes |
| | | | | □ No |
| | | | | □ Yes □ No |
| | | | | □ Yes |
| | | | | □ No |
| | | | | ☐ Yes |
| 3. | Do your expenses include ■ No | | | |
| | expenses of people other than yourself and your dependents? | | | |
| | • | | | |
| | it 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you are using th | nie form as a | cunnisment in a Cha | inter 13 case to report |
| exp | penses as of a date after the bankruptcy is filed. If this is a supplemental Scherolicable date. | | | |
| Inc | lude expenses paid for with non-cash government assistance if you know | | | AND WARRY WE AMERICAN AS F VANDAGE AND F WARRY AND ADMINIST ADMINISTRATION OF THE STATE OF THE S |
| | e value of such assistance and have included it on Schedule I: Your Income | | Your expe | PN9PC |
| (U) | fficial Form 106I.) | | i oui cxp | |
| 4. | The rental or home ownership expenses for your residence. Include first mort payments and any rent for the ground or lot. | tgage 4. | \$ | 1,345.00 |
| | If not included in line 4: | | | |
| | 4a. Real estate taxes | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | 4b. | ` | 12.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | 4c. | · | 0.00 |
| F | 4d. Homeowner's association or condominium dues | 4d. | \$ | 0.00 |
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | 35 | 0.00 |

| Deb | tor 1 David Edward Stuckmeyer | Case number (if known | 8:19-bk-06105 |
|-----|--|-----------------------|---------------|
| 6. | Utilities: | | |
| 0. | 6a. Electricity, heat, natural gas | 6a. \$ | 150.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ | 50.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 137.00 |
| | 6d. Other. Specify: | 6d. \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. \$ | 600.00 |
| 8. | Childcare and children's education costs | 8. \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. \$ | 75.00 |
| 10. | Personal care products and services | 10. \$ | 50.00 |
| 11. | Medical and dental expenses | 11. \$ | 105.00 |
| 12. | Transportation. include gas, maintenance, bus or train fare. | | |
| | Do not include car payments. | 12. \$ | 210.00 |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 100.00 |
| | Charitable contributions and religious donations | 14. \$ | 10.00 |
| 15. | Insurance. | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance | 15a. \$ | 00.00 |
| | 15b. Health insurance | 15b. \$ | 90.00 |
| | 15c. Vehicle insurance | 15c. \$ | 369.00 |
| | 15d. Other insurance. Specify: Vision Insurance | 15d. \$ | 11.00 |
| 16 | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | 11.00 |
| | Specify: | 16. \$ | 0.00 |
| 17. | Installment or lease payments: | 47. 0 | |
| | 17a. Car payments for Vehicle 1 | 17a. \$ | 608.00 |
| | 17b. Car payments for Vehicle 2 | 17b. \$ 17c. \$ | 647.49 |
| | 17c. Other. Specify: 17d. Other. Specify: | 17d. \$ | 0.00 |
| 18 | Your payments of alimony, maintenance, and support that you did not report as | 170. \$ | 0.00 |
| 10. | deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). | 18. \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | \$ | 0.00 |
| | Specify: | 19. | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sche | dule I: Your Income |). |
| | 20a. Mortgages on other property | 20a. \$ | 0.00 |
| | 20b. Real estate taxes | 20b. \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. | Other: Specify: Pet and Vet Expenses | 21. +\$ | 50.00 |
| 22. | Calculate your monthly expenses | | |
| | 22a. Add lines 4 through 21. | \$ | 4,619.49 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 4,619.49 |
| 23. | Calculate your monthly net income. | · | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 4,480.83 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 4,619.49 |
| | 23c. Subtract your monthly expenses from your monthly income. | 22. | -138.66 |
| | The result is your monthly net income. | 23c. \$ | -130.00 |
| | • | | |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

□ No.

Yes.

Explain here: The Debtor is separated from his spouse and negotiating the terms of their divorce. The Debtor does not know if he will be required to pay for certain marital debts or certain expenses of his estranged wife.

| Fill in this info | ormation to identify your | case: | | | |
|---------------------------------|---|---------------------------|------------------------------|---------------------------|--|
| Debtor 1 | David Edward St | | | | |
| D-140 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| Mailed Otatas I | Danilarianiani Oassat faa thaa | MIDDLE DISTRICT OF | | | |
| United States i | Bankruptcy Court for the: | MIDDLE DISTRICT OF | - FLURIDA | | |
| Case number | 8:19-bk-06105 | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official Fo | rm 106Dec | | | | |
| | | المنالمة الماليين | i Dabtaria Ca | ماديا م | |
| Declara | tion About a | in individua | Deptors Sc | neaules | 12/15 |
| lf two morriad | noonlo oro filing togethe | e bath are agreefly case. | : | | |
| ii two mameu | people are filing together | i, both are equally respi | onsible for supplying cor | rect information. | |
| | | | | | nent, concealing property, or |
| | ey or property by fraud ii 18 U.S.C. §§ 152, 1341, 1 | | ikruptcy case can result | in fines up to \$250,000, | , or imprisonment for up to 20 |
| ,, | 33 (00, 707), | , | | | |
| | | | | | |
| Si | gn Below | | | • | |
| | TT TT vid Allies has also had distributed and the | | · | | |
| Did you p | pay or agree to pay some | one who is NOT an atto | orney to help you fill out I | pankruptcy forms? | |
| ■ No | | | | | |
| _ | | | | | |
| ☐ Yes. | Name of person | | | | uptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | | | | Deciaration, a | and Signature (Official) offit 119) |
| | | | | | |
| Under per | nalty of perjury, Lefectare | that have read the sur | nmary and schedules file | ed with this declaration | ı and |
| | | | | | • |
| × 😂 | Mark to the second | | X | | |
| | d Edward Stuckmeyer ture of Debtor 1 | | Signature of | i Debtor 2 | |
| Sigila | | a | | | |
| Date | | 7 | Date | | |
| | | | • | | |

Official Form 106Dec

| Fil | ll in this information to identify yo | ur case: | | | |
|-----|---|--|------------------------------------|-------------------------------------|------------------------------------|
| De | ebtor 1 David Edward | <u> </u> | | | |
| Do | First Name | Middle Name | Last Name | | |
| | pouse if, filing) First Name | Middle Name | Last Name | | |
| Un | nited States Bankruptcy Court for the | : MIDDLE DISTRICT OF FI | LORIDA | | |
| Ca | ase number 8:19-bk-06105 | | | | |
| | known) | | | | Check if this is an |
| | | | | a | mended filing |
| | * | | | | |
| | fficial Form 107 | | | | |
| St | tatement of Financial | Affairs for Individ | iuals Filing for B | Bankruptcy | 4/19 |
| | as complete and accurate as pos | | | | |
| | ormation. If more space is neede mber (if known). Answer every qu | | this form. On the top of an | y additional pages, write you | ir name and case |
| Pa | art 1: Give Details About Your N | Marital Status and Where You | Lived Before | | |
| 1. | What is your current marital sta | | | | |
| ١. | What is your current mantar sta | ius: | | | |
| | Married | | | | |
| | ☐ Not married | | | | |
| 2. | During the last 3 years, have yo | u lived anywhere other than t | where you live now? | | |
| | □ No | | | | |
| | Yes. List all of the places you | ı lived in the last 3 years. Do no | ot include where you live nov | ٧. | • |
| | Debtor 1 Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | idress: | Dates Debtor 2 lived there |
| | 1150 Deardon Drive Venice, FL 34292 | From-To: 07/23/2015 - 06/22/2018 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| | • | California, Idaho, Louisiana, Ner | vada, New Mexico, Puerto R | | |
| Pa | Explain the Sources of Yo | our Income | | | |
| 4. | Did you have any income from a Fill in the total amount of income y If you are filing a joint case and yo | you received from all jobs and a | all businesses, including part | -time activities. | ndar years? |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income | Gross income | Sources of income | Gross income |
| | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | rom January 1 of current year unti ne date you filed for bankruptcy: | il ■ Wages, commissions, bonuses, tips | \$31,250.01 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | • | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 David Edward Stuckmeyer | | | eyer | Case number (if known) 8:19-bk-06105 | | | | |
|--|--|---|--|--|---|---|--|--|
| | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |
| | | | ☐ Wages, commissions, bonuses, tips | \$1,875.95 | ☐ Wages, commissions, bonuses, tips | | | |
| - | | | Operating a business | | ☐ Operating a business | | | |
| | alendar year: I to December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$43,729.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | Operating a business | | ☐ Operating a business | | | |
| | | | ☐ Wages, commissions, bonuses, tips | \$1,984.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | Operating a business | | ☐ Operating a business | | | |
| | lendar year be I to December | | ■ Wages, commissions, bonuses, tips | \$42,151.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | |
| | , | | ☐ Wages, commissions, bonuses, tips | \$4,632.50 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | Operating a business | | ☐ Operating a business | | | |
| Include and ot winnin List ea | e income regard her public bene gs. If you are fil | dless of whe fit payments ling a joint ca | ne during this year or the two ther that income is taxable. Ex ; pensions; rental income; inte ase and you have income that come from each source separa | camples of other income are a erest; dividends; money collect you received together, list it o | limony; child support; Social ted from lawsuits; royalties; only once under Debtor 1. | | | |
| | es. Fill III the u | cialis. | | | | | | |
| | · | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) | | |
| Part 3: | List Certain Pa | ayments Yo | u Made Before You Filed for | Bankruptcy | | | | |
| _ | lo. Neither D | ebtor 1 nor | 2's debts primarily consume Debtor 2 has primarily cons a personal, family, or househo | umer debts. Consumer debt. | s are defined in 11 U.S.C. § | 101(8) as "incurred by an | | |
| | | e 90 days be | fore you filed for bankruptcy, d | lid you pay any creditor a tota | l of \$6,825* or more? | | | |
| | □ No. | Go to line | 7. | | | | | |
| | ■ Yes * Subject | paid that o | each creditor to whom you pa creditor. Do not include payme e payments to an attorney for nt on 4/01/22 and every 3 yea | nts for domestic support oblig this bankruptcy case. | gations, such as child suppor | t and alimony. Also, do | | |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 31 of 48

Case number (if known) 8:19-bk-06105

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... paid still owe Kabbage Business Loan Kabbage Loan \$43,333.36 \$0.00 ☐ Mortgage P.O. Box 77081 #1437044 ☐ Car Atlanta, GA 30357 3/4/19 -☐ Credit Card \$12,708,34 ☐ Loan Repayment 4/1/19 - \$12,708.34 ☐ Suppliers or vendors 5/2/19 - \$8,958.34 ■ Other Business Loan 6/1/19 - \$8,958.34 Repayment Kabbage Business Loan Kabbage Loan \$3,680,34 \$0.00 ☐ Mortgage P.O. Box 77081 #1568635 ☐ Car Atlanta, GA 30357 6/1/19 - \$3,680.34 ☐ Credit Card Loan Repayment ☐ Suppliers or vendors Other Business Loan Repayment Amazon Capital Services, Inc. 3/25/19 -\$43,720.92 \$0.00 ☐ Mortgage 410 Terry Avenue North \$17.439.97 ☐ Car Seattle, WA 98109 4/22/19 - \$8,748.88 ☐ Credit Card 5/6/19 - \$8,748.88 ☐ Loan Repayment 5/20/19 - \$8,748.88 ☐ Suppliers or vendors 5/31/19 - \$34.31 ■ Other Business Loan Repayment Capital One Spark Business 4/15/19 - \$2,040.00 \$10,286.56 \$0.00 ☐ Mortgage P.O. Box 60599 5/10/19 - \$8,246.56 ☐ Car City of Industry, CA 91716-0599 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ■ Other Business Credit Card Repayment Anda, Inc. 3/29/19 - \$5,270.87 \$94,763.02 \$0.00 ☐ Mortgage 2915 Weston Road 4/10/19 - \$5,182.47 ☐ Car Fort Lauderdale, FL 33310 4/15/19 -☐ Credit Card \$24,921.45 ☐ Loan Repayment 4/17/19 - \$3,462.24 ☐ Suppliers or vendors 4/19/19 -■ Other Business Vendor \$12,505.46 5/13/19 -\$27,495.48 5/20/19 - \$8,187.87 5/20/19 - \$7,431.90 5/23/19 - \$305.28

Debtor 1 David Edward Stuckmeyer

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 32 of 48

| Debtor 1 David Edward Stuckmeyer | | Cas | se number (if known) | 8:19-bk-06105 | | | | |
|----------------------------------|---|--|--|---|--|--|--|--|
| | | | | | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for | | | |
| | Comenity - BJ's | 05/12/19 - | \$7,000.00 | \$0.00 | ☐ Mortgage | | | |
| | Bankruptcy Department | \$7,000.00 | | | ☐ Car | | | |
| | P.O. Box 183043 | | | | ■ Credit Card | | | |
| | Columbus, OH 43218-3043 | | | | ☐ Loan Repayment | | | |
| | | | | | ☐ Suppliers or vendors | | | |
| | | | • | | ☐ Other | | | |
| | Capital One Quicksilver | 03/28/19 - | \$64,291.44 | \$0.00 | □ Madaaa | | | |
| | P.O. Box 71083 | \$15,000.00 | 304,231.44 | \$0.00 | ☐ Mortgage ☐ Car | | | |
| | Charlotte, NC 28272-1083 | 04/11/19 - | | | _ | | | |
| | | \$11,708.65 | | | Credit Card | | | |
| | | 04/18/19 - | | | ☐ Loan Repayment | | | |
| | | \$10,100.00 | | | ☐ Suppliers or vendors | | | |
| | | 05/1/19 - | | | Other | | | |
| | | \$27,482.79 | | | | | | |
| | a business you operate as a sole proprieto alimony. No | or. 11 U.S.C. § 101. Include p | ayments for domestic | support obligation | s, such as child support and | | | |
| | Yes. List all payments to an insider. | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment | | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? | | | | | | | |
| | Include payments on debts guaranteed or | cosigned by an insider. | | | | | | |
| | No | | | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | | | |
| Par | rt 4: Identify Legal Actions, Repossess | sions, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankri List all such matters, including personal inj modifications, and contract disputes. | uptcy, were you a party in a jury cases, small claims actio | any lawsuit, court ac ins, divorces, collection | ction, or administration suits, paternity a | ative proceeding? ctions, support or custody | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case | | | |
| | Cecilia Stuckmeyer, | Dissolution of | Sarasota Coun | nty Clerk | ☐ Pending | | | |
| | vs. | Marriage | | | ☐ On appeal | | | |
| | David Stuckmeyer. | | | | Concluded | | | |
| | 2018 DR 006134 SC | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Doc 9 Filed 07/10/19

Page 33 of 48

Case 8:19-bk-06105-CPM

Official Form 107

Case number (if known) 8:19-bk-06105

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any propert transferred | ty Date payment or transfer was made | Amount of payment | | | | |
|-----|---|---|--|---------------------------|--|--|--|--|
| | Law Offices of Melody Genson 2750 Ringling Blvd. Suite 3 Sarasota, FL 34237 melodygenson@verizon.net David Edward Stuckmeyer | Attorney Fees | | \$2,500.00 | | | | |
| 17. | Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors of Do not include any payment or transfer that you lis | or to make payments to your creditors? | | rty to anyone who | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and value of any proper transferred | ty Date payment or transfer was made | Amount of payment | | | | |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin include both outright transfers and transfers made include gifts and transfers that you have already lis No Yes. Fill in the details. | ness or financial affairs? as security (such as the granting of a sec | | | | | | |
| | Person Who Received Transfer Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made | | | | |
| | Person's relationship to you Peterson Toyota of Sarasota 7431 Tamiami Trail Sarasota, FL 34231 None | Traded 2013 Ford Focus for the 2017 Toyota 86. Trade-in allowance toward the 2017 Toyota 86: \$6,500.00 | | 10/19/2017 | | | | |
| | Larry D. Ziegler 1150 Deardon Drive Venice, FL 34285 None | Sold former homestead, which was owned jointly with wife Cecilia Stuckmeyer, for \$391,000.00. | | 06/22/2018 | | | | |
| | Carmax | Sold 2011 Cadillac CTS to Carmax for \$15,000.00. Money used to pay car lien. | | 11/12/2018 | | | | |
| | Gettel Hyundai of Lakewood 5921 East State Road 64 Bradenton, FL 34208 | Traded 2011 Ram 1500 for the 2019 Hyundai Kona. Trade-in allowance toward the 2019 Hyundai Kona: \$11,000.00. | | 11/27/2018 | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | |
| | ☐ Yes. Fill in the details. Name of trust | Description and value of the propert | y transferred | Date Transfer was made | | | | |

Debtor 1 David Edward Stuckmeyer

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 35 of 48

Debtor 1 David Edward Stuckmeyer Case number (if known) 8:19-bk-06105 Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. □ No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred **PNC Bank** 02/2019 \$0.01 XXXX-2191 Checking □ Savings ☐ Money Market ☐ Brokerage □ Other **PNC Bank** XXXX-0442 10/31/2018 \$10.00 Checking ☐ Savings ☐ Money Market □ Brokerage ☐ Other **PNC Bank** XXXX-4061 06/09/2019 (This \$8,376.81 Checking account was □ Savings solely used for ☐ Money Market business ☐ Brokerage purposes for the ☐ Other__ business of Nuvidorra, Inc.) Regions Bank XXXX-6232 09/11/2018 \$0.56 ■ Checking □ Savings ☐ Money Market □ Brokerage ☐ Other__ Capital One XXXX-1133 06/18/2019 \$5.77 Checking □ Savings ■ Money Market ☐ Brokerage ☐ Other__ cash, or other valuables?

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities,

| N | a |
|---|---|
| | |

Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

Doc 9 Filed 07/10/19

Page 36 of 48

Case 8:19-bk-06105-CPM

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 37 of 48 Debtor 1 David Edward Stuckmeyer Case number (if known) 8:19-bk-06105 A partner in a partnership An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business Employer Identification number Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed EIN: **Health and Beauty Products Sales** 81-0691677 Nuvidorra, Inc. 126 Corporation Way Thomas Whittaker From-To 01/01/2016 - Present Unit F Venice, FL 34285 Suncoast Select **Health and Beauty Products Sales** EIN: 47-1503349 1150 Deardon Drive Venice, FL 34292 From-To 07/26/2014 - 12/31/2015 Thomas Whittaker Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Date Issued Name Address (Number, Street, City, State and ZIP Code) I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers §§ 152,/13**}**1 /1510, and 3571

Part 12: Sign Below

are true and correct. Junglerstand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in tines up to \$250,000, or imprisonment for up to 20 years, or both.

David Edward Stuckmeyer Signature of Debtor 1

Signature of Debtor 2

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this information to identify your case: | | | | | | |
|---|--|--|--|--|--|--|
| Debtor 1 | David Edward Stuckmeyer | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | |
| United States E | Bankruptcy Court for the: Middle District of Florida | | | | | |
| Case number (if known) | 8:19-bk-06105 | | | | | |

| Check | as directed in lines 17 and 21: |
|-------|--|
| | ording to the calculations required by this ement: |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). |
| | 3. The commitment period is 3 years. |
| | 4. The commitment period is 5 years. |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part | 1: | Calculate Your Average Monthly Income | | | | | | | |
|----------|------------------------|---|------------------------|-----------------------|--|---------------------|---------------------------------------|--|---------------------|
| 1. | What | t is your marital and filing status? Check one o | inly. | | | | • | | |
| | □ No | ot married. Fill out Column A, lines 2-11. | | | | | | | |
| | ■ Ma | arried. Fill out both Columns A and B, lines 2-11. | ı | | | | | | |
| 10 th | 1(10A) e 6 mo | e average monthly income that you received from all). For example, if you are filing on September 15, the 6-r inths, add the income for all 6 months and divide the tota own the same rental property, put the income from that | month pe al by 6. F | riod would | be March 1 throu sult. Do not includ | igh Aug le any i | just 31. If the amo ncome amount m | ount of your monthly income va ore than once. For example, if | ried during both |
| | | | | | | Colun | | Column B Debtor 2 or non-filing spouse | |
| 2. | | gross wages, salary, tips, bonuses, overtime, bil deductions). | , and co | ommissio | ons (before all | \$ | 5,208.34 | \$ | |
| 3. | | ony and maintenance payments. Do not include mn B is filled in. | e payme | ents from | a spouse if | \$ | 0.00 | \$ | |
| 4. | of yo from and r | mounts from any source which are regularly pour or your dependents, including child suppor an unmarried partner, members of your househol commates. Do not include payments from a spouncted on line 3. | t. Includ ld, your | ie regular depende | contributions | \$ | 0.00 | \$ | |
| 5. | | ncome from operating a business, ession, or farm | Debto | | 2 | | | | |
| | Gross | s receipts (before all deductions) | \$_ | 0.00 | | | | | |
| | Ordin | nary and necessary operating expenses | -\$ _ | 0.00 | | | | | |
| | Net n | monthly income from a business, profession, or fa | rm \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| 6. | Net i | ncome from rental and other real property | Debto | <u>. 1</u> | \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | i |
| | Gross | s receipts (before all deductions) | \$_ | 0.00 | | | | | |
| | Ordin | nary and necessary operating expenses | -\$ _ | 0.00 | | | | | |
| | Net n | monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |

Official Form 122C-1

| 7. Interest, dividends, and royalities \$ 0.00 \$ S. Unemployment compensation \$ 0.00 \$ Do not enter the amount if you contend that the amount neceived was a benefit under the Social Security Act, instead, list it here. For you \$ 0.00 \$ Per your spouse \$ 0.00 \$ Per your total average monthly income Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Petermine How to Measure Your Deductions from Income Petermine How to Measure Your Deductions from Income Potentine How to Measure Your Deductions from I | Debtor 1 | David Edward Stuckmeyer | | Case numbe | r (if known) | 8:19-bk-0 | 6105 | |
|--|-----------------|---|---------------|---|---|---|---------------|--------------|
| 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list if here: For you spouse | | | | | · · · - · · · · · · · · · · · · · · · · | Debtor 2 o | | |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse S Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received as so widner the Social Security Act or payments received as a victim of a work crime, a crime applies themating, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Shareholder Distributions Sanghant Sangha | 7. In | terest, dividends, and royalties | | \$ | 0.00 | \$ | | |
| the Social Security Act. Instead, list it here: For you S 0.00 For your spouse S 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Shareholder Distributions Sanzeholder Dis | 8. U | nemployment compensation | | \$ | 0.00 | \$ | ·- | • |
| Per your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Shareholder Distributions \$ 313.00 \$ Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A. to the total for Column B. Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11. Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Social Security of the security of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. Social Security of the security of the security of the security of someone other than you or your dependents. Security of the security of security of someone other than you or your dependents. Secur | | | under | | | | | |
| Per your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Shareholder Distributions \$ 313.00 \$ Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A. to the total for Column B. Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11. Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Social Security of the security of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. Social Security of the security of the security of the security of someone other than you or your dependents. Security of the security of security of someone other than you or your dependents. Secur | | For you\$ 0.0 | 0 | | | | | |
| benefit under the Social Security Act. 1. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Shareholder Distributions Santon Santon Shareholder Distributions Santon Shareholder Distributions Santon Santon Shareholder Distributions Santon Shareholder Distributions Santon Santon Shareholder Distributions Santon Santon Shareholder Distributions Santon Shareholder Distributions Santon Santon Shareholder Distributions Santon Santon Shareholder Distributions Santon Shareholder Shareholder Distributions Santon Shareholder Distributions Santon Shareholder Shareholder Shareholder Distributions Santon Shareholder Distributions Sa | | For your spouse \$ | | | | • | | |
| Do not include any benefits received a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Shareholder Distributions | | | а | \$ | 0.00 | \$ | | |
| Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. You current monthly income. Subtract line 13 from line 12. Your current monthly income. Subtract line 13 from line 12. S. 5,521.34 Multiply line 15a by 12 (the number of months in a year). | Do re: do | o not include any benefits received under the Social Security Act or payment ceived as a victim of a war crime, a crime against humanity, or international of mestic terrorism. If necessary, list other sources on a separate page and put | s or | | | | | |
| Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 21. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 21. Copy your total average monthly income from line 11. 22. Copy your total average monthly income from line 11. 23. Calculate the marital adjustment. Check one: 24. You are not married. Fill in 0 below. 25. You are married and your spouse is filing with you. Fill in 0 below. 26. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. 26. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. 27. If this adjustment does not apply, enter 0 below. 28. S. | | Shareholder Distributions | _ | \$ | 313.00 | \$ | | |
| 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Solution Sol | | | | \$ | 0.00 | \$ | | |
| art 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 10 below. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ 0.00 Copy here > 0.00 | | Total amounts from separate pages, if any. | _ + | \$ | 0.00 | \$ | | • |
| 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ | ea | ich column. Then add the total for Column A to the total for Column B. | \$ | 5,521.34 | * _ | |] <u>[*</u> — | etal average |
| You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ | 13. Ca | alculate the marital adjustment. Check one: | | *************************************** | | | \$ | 5,521.34 |
| You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total Total \$ 0.00 Copy here=> 0.00 \$ 5,521.34 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). * X 12 | | | | | | | | |
| Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ | | You are married and your spouse is filing with you. Fill in 0 below. | | | | | | |
| dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total Total \$ 0.00 Copy here=> 0.00 \$ 5,521.34 14. Your current monthly income. Subtract line 13 from line 12. \$ 5,521.34 Multiply line 15a by 12 (the number of months in a year). \$ x 12 | | You are married and your spouse is not filing with you. | | | | | | |
| adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total Total S 0.00 Copy here=> 0.00 \$ 5,521.34 Your current monthly income. Subtract line 13 from line 12. \$ 5,521.34 Multiply line 15a by 12 (the number of months in a year). \$ 2 | | dependents, such as payment of the spouse's tax liability or the spouse's | suppo | rt of someon | e other th | ıan you or you | ır depend | lents. |
| Total | | adjustments on a separate page. | me de | voted to eacl | n purpose | e. If necessary | , list add | itional |
| Total\$ | | it this adjustment does not apply, enter 0 below. | e | | | | | |
| Total \$ 0.00 Copy here > - 0.00 14. Your current monthly income. Subtract line 13 from line 12. \$ 5,521.34 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here => \$ 5,521.34 Multiply line 15a by 12 (the number of months in a year). \$ x 12 | | | φ — \$ | | _ | | | |
| Total \$ 0.00 Copy here > - 0.00 14. Your current monthly income. Subtract line 13 from line 12. \$ 5,521.34 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here => \$ 5,521.34 Multiply line 15a by 12 (the number of months in a year). \$ x 12 | | | * — +\$ | | _ | | | |
| 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 | · | Total | \$_ | 0.0 | <u>0</u> co | ppy here=> | | 0.00 |
| 15a. Copy line 14 here=> \$ 5,521.34 Multiply line 15a by 12 (the number of months in a year). | 14. Y | our current monthly income. Subtract line 13 from line 12. | | | | | \$ | 5,521.34 |
| Multiply line 15a by 12 (the number of months in a year). | 15. C | Calculate your current monthly income for the year. Follow these steps: | | | | | | |
| Multiply line 15a by 12 (the number of months in a year). | 1 | 5a. Copy line 14 here=> | | | | | \$ | 5,521.34 |
| 15b. The result is your current monthly income for the year for this part of the form. \$_66,256.08 | | | ************* | *************************************** | •••••• | *************************************** | x | 12 |
| | 1 | 5b. The result is your current monthly income for the year for this part of the | e form | | | | \$ | 66,256.08 |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 40 of 48

David Edward Stuckmeyer 8:19-bk-06105 Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 49.172.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 5,521.34 18. Copy your total average monthly income from line 11. 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 19b. Subtract line 19a from line 18. \$ 5.521.34 20. Calculate your current monthly income for the year. Follow these steps: 5,521.34 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 20b. The result is your current monthly income for the year for this part of the form 66,256.08 49,172.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Տիգր Below By signing here, under pe *(*perjury, I declar<u>e t</u>hat the information on this statement and in any attachments is true and correct. X David Edward Stuckmeyer Signature of Debtor If you checked 17a, do NOT fill out or file Form 122C-2.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

| Fill in t | his information to identify your case: | | | |
|--------------------------------|---|--|---|--------------------------|
| Debtor | David Edward Stuckmeyer | | | |
| Debtor : (Spouse | 2 e, if filing) | _ | | |
| United \$ | States Bankruptcy Court for the: Middle District of Florida | _ | • | |
| Case no | | □ Check i | f this is an amende | ed filing |
| | Form 122C-2 oter 13 Calculation of Your Disposable | Income | | 04/19 |
| | ut this form, you will need your completed copy of <i>Chapter 13 State</i> Iment Period (Official Form 122C-1). | ement of Your Current Monthly In | come and Calculati | ion of |
| space is | omplete and accurate as possible. If two married people are filing to s needed, attach a separate sheet to this form, Include the line num al pages, write your name and case number (if known). | ogether, both are equally respon ber to which additional informati | sible for being accu on applies. On the f | rate. If more top any |
| Part 1: | Calculate Your Deductions from Your Income | | | |
| the q infor Dedu expe | Internal Revenue Service (IRS) issues National and Local Standards questions in lines 6-15. To find the IRS standards, go online using the mation may also be available at the bankruptcy clerk's office. Interception of the expense amounts set out in lines 6-15 regardless of your actual enumbers if they are higher than the standards. Do not include any operating | he link specified in the separate expense. In later parts of the form, y expenses that you subtracted from | instructions for this you will use some of y n income in lines 5 an | form. This |
| | 2–1, and do not deduct any amounts that you subtracted from your spous | se's income in line 13 of Form 122 | <i>j</i> −1. ′ | |
| · | ar expenses differ from month to month, enter the average expense. | formation required by a cimilar form | a usad in abantar 7 a | |
| | : Line numbers 1-4 are not used in this form. These numbers apply to int The number of people used in determining your deductions from in | | Tused in chapter 7 ca | ases. |
| | Fill in the number of people who could be claimed as exemptions on you plus the number of any additional dependents whom you support. This rethe number of people in your household. | ur federal income tax return, | 1 | |
| Natio | onal Standards You must use the IRS National Standards to a | enswer the questions in lines 6-7. | | |
| | Food, clothing, and other items: Using the number of people you enter Standards, fill in the dollar amount for food, clothing, and other items. | ered in line 5 and the IRS National | \$ | 727.00 |
| | Out-of-pocket health care allowance: Using the number of people you the dollar amount for out-of-pocket health care. The number of people is people who are 65 or olderbecause older people have a higher IRS all higher than this IRS amount, you may deduct the additional amount on | s split into two categoriespeople v lowance for health car costs. If you | vho are under 65 and | |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 42 of 48

| Debtor 1 | David Edward Stuckmeyer | | Case number (if known) 8:19-bk-06105 |
|---------------|---|---|--|
| Peop | le who are under 65 years of age | • | |
| • | 7a. Out-of-pocket health care allowance per person | \$55 | |
| • | 7b. Number of people who are under 65 | X1 | |
| 7 | 7c. Subtotal. Multiply line 7a by line 7b. | \$ 55.00 | Copy here=> \$55.00_ |
| Peop | le who are 65 years of age or older | | |
| - | 7d. Out-of-pocket health care allowance per person | \$ 114 | |
| ; | e. Number of people who are 65 or older | xo_ | |
| ; | 7f. Subtotal. Multiply line 7d by line 7e. | \$ 0.00 | Copy here=> \$ |
| 7 | 7g. Total. Add line 7c and line 7f | \$ | 55.00 Copy total here=> \$ 55.00 |
| Local | Standards You must use the IRS Local Standards | to answer the questions in | n lines 8-15. |
| Base | d on information from the IRS, the U.S. Trustee Pro | • | |
| | ousing and utilities - Insurance and operating expe | nses | |
| _ | ousing and utilities - Mortgage or rent expenses | | |
| sepai 8. I | swer the questions in lines 8-9, use the U.S. Trusto rate instructions for this form. This chart may also Housing and utilities - Insurance and operating exp n the dollar amount listed for your county for insurance | be available at the banks penses: Using the number | of people you entered in line 5, fill |
| | lousing and utilities - Mortgage or rent expenses: | | - |
| į | Pa. Using the number of people you entered in line 5, listed for your county for mortgage or rent expense | | \$965.00 |
| 9 | 9b. Total average monthly payment for all mortgages | and other debts secured t | by your home. |
| | To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. | add all amounts that are | |
| | Name of the creditor | Average monthly payment | |
| | -NONE- , | \$ | |
| | 9b. Total average monthly payme | ent \$0.0 | Copy here=> -\$ 0.00 Repeat this amount on line 33a. |
| 9 | ec. Net mortgage or rent expense. | | ! |
| | Subtract line 9b (total average monthly payment) or rent expense). If this number is less than \$0, er | | \$965.00 Copy here=> \$965.00 |
| | f you claim that the U.S. Trustee Program's divisio affects the calculation of your monthly expenses, f | | |
| | Explain why: Total Rent & Renter's Insurance | e = \$1,357.00 | |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 43 of 48

| Debtor 1 | David Edward Stuckmeyer | | Case number (if known) | 8:19-bk-06105 | |
|----------|--|--|---|---|----------------------------------|
| 11. | Local transportation expenses: Check the number of vehic | cles for which you clair | n an ownership or ope | erating expense. | |
| | □ 0. Go to line 14. | | | | |
| | ☐ 1. Go to line 12. | | | | |
| | ■ 2 or more. Go to line 12. | | | | |
| 12. | Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for | | | | 420.00 |
| 13. | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles. | Standards, calculate to or lease payments on | he net ownership or le the vehicle. In additio | ase expense for each n, you may not claim the | vehicle below. ne expense for |
| Vel | nicle 1 Describe Vehicle 1: 2019 Hyundai Kona 2,9 | 00 miles | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | \$ 508. | .00 | |
| 13b. | Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. | | | - | |
| | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60. | | hat | · · | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | | |
| | PNC Financial Services | \$ 608.00 | _ | | |
| | Total Average Monthly Payment | \$ 608.00 | Copy here => -\$ | Repeat this amount on line 33b. | |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0 | , enter \$0 | | Copy net Vehicle 1 expense here => \$ | 0.00 |
| Vel | nicle 2 Describe Vehicle 2: 2017 Toyota 86 24,000 of the Debtor's spouse monthly creditor paym | , but the Debtor is | | | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | \$ 508. | .00 | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2. leased vehicles. | . Do not include costs | for | | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | | |
| | Grow Financial Federal | \$ 647.49 | | | |
| | Total average monthly payment | \$ 647.49 | Copy here => -\$6 | Repeat this amount on line 33c. | |
| 13f. | Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d: if this number is less than \$0 | enter \$0 | | Copy net Vehicle 2 | |
| | Called the restriction in the restriction to 1995 that pu | , | | .00 => \$. | 0.00 |
| 14. | Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v | | | , fill in the | 0.00 |
| 15. | Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i> , | hat you believe is the | | | 0.00 |

Debtor 1 David Edward Stuckmeyer Case number (if known) 8:19-bk-06105

| Oth | er Necessary Expenses In addition to the expense of the following IRS categories | | s listed above, | you are allowed your monthly expenses | for | |
|-----|--|-------------------------------------|---|---|-----|----------|
| 16. | Taxes: The total monthly amount that you will actually p self-employment taxes, social security taxes, and Medic your pay for these taxes. However, if you expect to rece and subtract that number from the total monthly amount Do not include real estate, sales, or use taxes. | are taxes | s. You may inc refund, you m | lude the monthly amount withheld from ust divide the expected refund by 12 | \$ | 991.46 |
| 17. | Involuntary deductions: The total monthly payroll dedu | uctions th | at your job red | quires, such as retirement | | |
| | contributions, union dues, and uniform costs. Do not include amounts that are not required by your job | a auch a | n valumtanz 40: | 1//s) contributions or neural covince | \$ | 0.00 |
| 1Ω | Life Insurance: The total monthly premiums that you pa | • | • | 1, | * | |
| 10. | filing together, include payments that you make for your Do not include premiums for life insurance on your depe of life insurance other than term. | spouse's | s term life insu: | rance. | \$ | 90.00 |
| 19. | Court-ordered payments: The total monthly amount th administrative agency, such as spousal or child support | | | by the order of a court or | | |
| | Do not include payments on past due obligations for spo | ousal or o | hild support. Y | ou will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total monthly amount that you pay for e | ducation | that is either r | equired: | | |
| | as a condition for your job, or | | | | | |
| | for your physically or mentally challenged dependent | child if n | o public educa | ation is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly amount that you pay for child Do not include payments for any elementary or secondary | | • | itting, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | Additional health care expenses, excluding insurand that is required for the health and welfare of you or your by a health savings account. Include only the amount the | depende | ents and that is | not reimbursed by insurance or paid | | |
| | Payments for health insurance or health savings accour | | | | \$ | 50.00 |
| 23. | Optional telephone and telephone services: The tota for you and your dependents, such as pagers, call waiting phone service, to the extent necessary for your health a income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, interespenses, such as those reported on line 5 of Official Formation. | ng, caller nd welfar rnet and | identification, re or that of yo cell phone ser | special long distance, or business cell ur dependents or for the production of vice. Do not include self-employment | +\$ | 115.00 |
| 24. | Add all of the expenses allowed under the IRS expended lines 6 through 23. | nse allov | vances. | | \$ | 4,272.46 |
| Add | itional Expense Deductions These are additional di Note: Do not include a | | | | | |
| 25. | Health insurance, disability insurance, and health sainsurance, disability insurance, and health savings accoyour dependents. | | | | or | |
| | Health insurance | \$ | 0.00 | | | |
| | Disability insurance | \$ | 0.00 | | | |
| | Health savings account | · \$ | 0.00 | _ | | |
| | Total | \$ | 0.00 | Copy total here=> | \$ | 0.00 |
| | Do you actually spend this total amount? | L | | J | | |
| | ☐ No. How much do you actually spend? Yes | \$ | | | | |
| 26 | _ 103 | | | | | |
| 20. | Continued contributions to the care of household or continue to pay for the reasonable and necessary care a your household or member of your immediate family wh include contributions to an account of a qualified ABLE | and supp o is unat | ort of an elder le to pay for s | ly, chronically ill, or disabled member of uch expenses. These expenses may | \$ | 0.00 |
| 27. | Protection against family violence. The reasonably no safety of you and your family under the Family Violence | | | | | |
| | By law, the court must keep the nature of these expense | es confid | ential. | | \$ | 0.00 |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 45 of 48 David Edward Stuckmeyer 8:19-bk-06105 Case number (if known) 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional 0.00 amount claimed is reasonable and necessary. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. 0.00 * Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 0.00 You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). 0.00 Do not include any amount more than 15% of your gross monthly income. 0.00

32. Add all of the additional expense deductions. Add lines 25 through 31. **Deductions for Debt Payment**

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured

| | Mortgages on your home | | | | | Aver payn | age monthly nent |
|------|--|---|-------|---|-------|--------------|---------------------|
| 33a. | Copy line 9b here | *************************************** | | | => | \$ | 0.00 |
| | Loans on your first two vehicles | | | | | | |
| 3b. | Copy line 13b here | | ••••• | *************************************** | => | \$ | 608.00 |
| 33c. | Copy line 13e here | ······ | ••••• | *************************************** | => | \$_ | 647.49 |
| 3d. | List other secured debts: | | | | | | |
| lame | of each creditor for other secured debt | Identify property that secures the debt | | Does payn include tax or insuran | es | | |
| | | | | □ No | | | |
| | -NONE- | | - | ☐ Yes | | \$ | |
| | | | | □ No | | | |
| | | | | □ Yes | | \$ | |
| | | | | _ □ No | | | |
| _ | | | | ☐ Yes | + | \$ | |
| | | | | | Сор | , | |
| 33e | Total average monthly payment. Add lines | s 33a through 33d | \$ | 1,255.49 | total | ۔ ا | 1,255.49 |

Debtor 1

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 46 of 48

David Edward Stuckmeyer 8:19-bk-06105 Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE- $\div 60 = \$$ Copy total 0.00 0.00 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 0.00 36. Projected monthly Chapter 13 plan payment 150.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 8.80 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 13.20 13.20 here=> Average monthly administrative expense 1,268.69 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,272.46 expense allowances Copy line 32, All of the additional expense deductions 0.00 Copy line 37, All of the deductions for debt payment 1,268.69 Total deductions..... 5,541.15 5,541.15 Copy total here=>

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 47 of 48

Debtor 1 David Edward Stuckmeyer Case number (if known) 8:19-bk-06105

| t 2: De | etermine Yo | ur Disposable Income Under 11 U.S.C. § 1 | 1325(b)(2) | | | | | |
|---|--|---|--|--|-------------------------------|--------------------------------|--------------------|----------|
| | | rrent monthly income from line 14 of Forn Current Monthly Income and Calculation | | | • | | \$ | 5,521.34 |
| childrei disabilit received | n. The month y payments f d in accordar | oly necessary income you receive for sup nly average of any child support payments, for or a dependent child, reported in Part I of Fo nce with applicable nonbankruptcy law to the ended for such child. | oster care pay orm 122C-1, t | yments, or hat you | \$ | 0 | 0.00 | |
| employe in 11 U. | er withheld from S.C. § 541(b | etirement deductions. The monthly total of om wages as contributions for qualified retire)(7) plus all required repayments of loans fro S. § 362(b)(19). | ement plans, | as specified | i \$ | o | | |
| • | | ons allowed under 11 U.S.C. § 707(b)(2)(A | A). Copy line 3 | 88 here = | -> \$ | 5,541 | .15 | |
| expense their exp | es and you ha | cial circumstances. If special circumstances ave no reasonable alternative, describe the must give your case trustee a detailed explanation for the expenses. | special circur | nstances a | nd | - | | |
| escribe th | ne special ci | ircumstances | Amo | unt of exp | ense | | | |
| | | | \$ | | | , | | |
| | | | | | | | | |
| _ | | | | | | | | |
| | | | | | ٦_ | | | |
| | | Tota | tal \$ | 0.00 | Co _j her | oy e=> \$ | 0.00 | |
| 1. Total ad | djustments. | Add lines 40 through 43. | | => | \$ | 5,541.15 | Copy here=> -\$ | 5,541.15 |
| 5. Calcula | ite your mor | nthly disposable income under § 1325(b)(| (2). Subtract li | ne 44 from | line 39 |). | \$ | -19.81 |
| 2 0 | | | | | | | | |
| 6. Change have ch time you you filed | e in income langed or are ur case will b | or expenses. If the income in Form 122C-1 e virtually certain to change after the date you e open, fill in the information below. For exain, check 122C-1 in the first column, enter lin in when the increase occurred, and fill in the | ou filed your bample, if the ware 2 in the sec | ankruptcy p ages report cond colum | etition ted inc n, expi | and during the reased after | | |
| orm | Line | Reason for change | Da | ite of chang | е | Increase or decrease? | Amount of cha | inge |
| 122C-1 | | | | | | ☐ Increase | | |
| 122C-2 | | | | | | Decrease | \$ | |
| 122C-1 | | | | | | ☐ Increase | | |
| 122C-2 | | | | | | Decrease | \$ | |
| 122C-1 | | | | | | ☐ Increase | | |
| 122C-2 | | | | | | Decrease | \$ | |
| 122C-1 | | | | | | increase | e | |
| 122C-2 | | - | | | | ☐ Decrease | \$ | |

Case 8:19-bk-06105-CPM Doc 9 Filed 07/10/19 Page 48 of 48

Debtor 1 David Edward Stuckmeyer

Case number (if known) 8:19-bk-06105

Part 4:

Sign Below

By signing bere, under penalty of perjuly you declare that the information on this statement and in any attachments is true and correct.

David Edward Stuckmeyer Signature, of Debtor 1

Data 27/10/2

MM / DD / YYYY